

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) Chapter 7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>New Beginnings Health Care, A Professional Medical Corporation</u>	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and <i>doing business as</i> names		
3. Debtor's federal Employer Identification Number (EIN) <u>46-1759630</u>		
4. Debtor's address	Principal place of business <u>8911 La Mesa Blvd., Suite 101</u> <u>La Mesa, CA 91942</u> Number, Street, City, State & ZIP Code <u>San Diego</u> County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL) <u>www.newbeginningshealthcare.net</u>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor **New Beginnings Health Care, A Professional Medical Corporation**
Name

Case number (if known) _____

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6211**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

Debtor **New Beginnings Health Care, A Professional Medical Corporation**
Name

Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor
District _____

When _____

Relationship _____

Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No☐ Yes.

Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.

- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☒ \$1,000,001 - \$10 million☐ \$500,000,001 - \$1 billion

Debtor	New Beginnings Health Care, A Professional Medical Corporation	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **New Beginnings Health Care, A Professional Medical Corporation**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 25, 2023**
MM / DD / YYYY**X /s/ Patricia Deckert**

Signature of authorized representative of debtor

Patricia Deckert

Printed name

Title **President/CEO****18. Signature of attorney****X /s/ Craig E. Dwyer**

Signature of attorney for debtor

Date **July 25, 2023**

MM / DD / YYYY

Craig E. Dwyer

Printed name

Craig E. Dwyer, Esq.

Firm name

8745 Aero Drive, Suite 301**San Diego, CA 92123-1763**

Number, Street, City, State & ZIP Code

Contact phone **858-268-9909**Email address **craigedwyer@aol.com****74351 CA**

Bar number and State

Fill in this information to identify the case:Debtor name New Beginnings Health Care, A Professional Medical CorporationUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 25, 2023X /s/ Patricia Deckert

Signature of individual signing on behalf of debtor

Patricia Deckert

Printed name

President/CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **New Beginnings Health Care, A Professional Medical Corporation**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 222,626.20
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 222,626.20

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 525,264.25
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 795,919.34
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 1,321,183.59

Fill in this information to identify the case:Debtor name **New Beginnings Health Care, A Professional Medical Corporation**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Wells Fargo

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	Subject to UCC1 17-7572287602 Bankers Health Group	Checking	0997	\$1,516.34

Wells Fargo

3.2.	Subject to UCC1 17-7572287602 Bankers Health Group	Checking	1003	\$43.63
------	-----------------------------------------------------------	-----------------	-------------	----------------

Wells Fargo

3.3.	Subject to UCC1 17-7572287602 Bankers Health Group	Checking	0322	\$7.13
------	-----------------------------------------------------------	-----------------	-------------	---------------

Wells Fargo

3.4.	Subject to UCC1 17-7572287602 Bankers Health Group	Savings	7499	\$25.02
------	-----------------------------------------------------------	----------------	-------------	----------------

Wells Fargo

3.5.	Subject to UCC1 17-7572287602 Bankers Health Group	Savings	7507	\$28.01
------	-----------------------------------------------------------	----------------	-------------	----------------

Debtor **New Beginnings Health Care, A Professional Medical Corporation**

Case number (If known)

Name

Wells Fargo

3.6.	Subject to UCC1 17-7572287602 Bankers Health Group	Savings	9682	\$32.58
------	---------------------------------------------------------------------	----------------	-------------	----------------

4. **Other cash equivalents (Identify all)**5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,652.71**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

Part 3: Accounts receivable10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>18,510.59</u>	-	<u>0.00</u>	=	<u>\$18,510.59</u>
	face amount		doubtful or uncollectible accounts		

Subject to UCC1 17-7572287602
Bankers Health Group

11b. Over 90 days old:	<u>28,498.37</u>	-	<u>0.00</u>	=....	<u>\$28,498.37</u>
	face amount		doubtful or uncollectible accounts		

Subject to UCC1 17-7572287602
Bankers Health Group

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$47,008.96**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

General description**Date of the last
physical inventory****Net book value of
debtor's interest
(Where available)****Valuation method used
for current value****Current value of
debtor's interest**19. **Raw materials**20. **Work in progress**

Debtor **New Beginnings Health Care, A Professional Medical Corporation**
 Name _____

Case number (If known) _____

21. **Finished goods, including goods held for resale**
Supplements in Store 2023 **\$2,549.53** **Cost to Purchase** **\$2,549.53**

22. **Other inventory or supplies**

23. **Total of Part 5.** **\$2,549.53**
 Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Desks, chairs, exam tables, refrigerators, shelves			
Subject to UCC-1	\$4,715.00	Liquidation	\$4,715.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**
18 computers, 6 printers, 14 phones, 2 centrifuge, 2 ozone generators

Subject to UCC-1 **\$6,800.00** **Liquidation** **\$6,800.00**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **New Beginnings Health Care, A Professional Medical Corporation**
Name

Case number (If known)

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$11,515.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Body Sculpting Laser

Subject to UCC-1

Value arrived at by reviewing similar machine online.

Debtor is unsure if machine would sell for amount listed.

\$15,000.00

Liquidation

\$15,000.00

Evolve Machine

Subject to UCC-1

Value arrived at by reviewing similar machine online.

Debtor is unsure if machine would sell for amount listed.

\$89,950.00

Comparable sale

\$89,950.00

Tempsure and Tempsure Firm Machine

Subject to UCC-1

Value arrived at by reviewing similar machine online.

Debtor is unsure if machine would sell for amount listed.

\$25,000.00

Liquidation

\$25,000.00

Debtor **New Beginnings Health Care, A Professional Medical Corporation**
Name

Case number (If known)

Mona Lisa Touch Vagina Laser

Subject to UCC-1

Value arrived at by reviewing similar machine online.

Debtor is unsure if machine would sell for amount listed.

\$29,950.00

Liquidation

\$29,950.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$159,900.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
Website	\$0.00	Liquidation	\$0.00

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

Debtor **New Beginnings Health Care, A Professional Medical Corporation**
Name

Case number *(If known)*

- ☐ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☐ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **New Beginnings Health Care, A Professional Medical Corporation**
 Name _____

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$1,652.71</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$47,008.96</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$2,549.53</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$11,515.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$159,900.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$222,626.20</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$222,626.20</u>

Fill in this information to identify the case:Debtor name **New Beginnings Health Care, A Professional Medical Corporation**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Balboa Capital Solutions <small>Creditor's Name</small> 575 Anton Boulevard, 12th Floor Costa Mesa, CA 92626 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 3/19 Last 4 digits of account number 5037 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Body Sculpting Laser Subject to UCC-1 Value arrived at by reviewing similar machine online. Debtor is unsure if machine would sell for amount listed. Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$168,138.91	\$15,000.00
2.2	Bankers Health Group <small>Creditor's Name</small> 201 Solar Street Syracuse, NY 13204 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 02/17 Last 4 digits of account number	Describe debtor's property that is subject to a lien Loan Describe the lien Purchase Money Security/ UCC1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$59,034.56	\$0.00

Debtor	New Beginnings Health Care, A Professional Medical Corporation Name	Case number (if known) _____
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 4568 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. </div> <div style="width: 65%;"> As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 2.3 LCA Bank Corp Creditor's Name PO Box 1650 Troy, MI 48099-1650 Creditor's mailing address Creditor's email address, if known Date debt was incurred 3/21 Last 4 digits of account number 0562 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. </div> <div style="width: 65%;"> Describe debtor's property that is subject to a lien Evolve Machine Subject to UCC-1 Value arrived at by reviewing similar machine online. Debtor is unsure if machine would sell for amount listed. Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div style="width: 15%; text-align: right;"> \$171,662.00 \$89,950.00 </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 2.4 Marlin Capital Solutions Creditor's Name 300 Fellowship Road Mount Laurel, NJ 08054 Creditor's mailing address Creditor's email address, if known Date debt was incurred 3/19 Last 4 digits of account number 0495 Do multiple creditors have an interest in the same property? </div> <div style="width: 65%;"> Describe debtor's property that is subject to a lien Tempsure and Tempsure Firm Machine Subject to UCC-1 Value arrived at by reviewing similar machine online. Debtor is unsure if machine would sell for amount listed. Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply </div> <div style="width: 15%; text-align: right;"> \$61,177.10 \$25,000.00 </div> </div>		

Debtor	New Beginnings Health Care, A Professional Medical Corporation Name	Case number (if known) _____
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

2.5	Pawnee Creditor's Name	Describe debtor's property that is subject to a lien Mona Lisa Touch Vagina Laser	\$65,251.68	\$29,950.00
	3801 Automation Way, #207 Fort Collins, CO 80525 Creditor's mailing address	Subject to UCC-1 Value arrived at by reviewing similar machine online. Debtor is unsure if machine would sell for amount listed.		
	Creditor's email address, if known	Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 3/19 Last 4 digits of account number 8437 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$525,264.25**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Bankers Health Group 10234 W State Road 84 Davie, FL 33324	Line <u>2.2</u>	
George T. Gost, Esq. Law Offices of Hemar, Rouso & Heald LLP 15910 Ventura Blvd., 12th Floor Encino, CA 91436	Line <u>2.3</u>	
Huntington National Bank PO Box 77077 Minneapolis, MN 55480-7777	Line <u>2.4</u>	
Marlin Business Bank 2795 E Cottonwood Pkwy Salt Lake City, UT 84121	Line <u>2.4</u>	

Debtor	New Beginnings Health Care, A Professional Medical Corporation Name	Case number (if known)	
	Martina A. Rider Porter, Esq. Law Offices of Hemar, Roussio & Heald LLP 15910 Ventura Blvd., 12th Floor Encino, CA 91436	Line <u>2.3</u>	
	Michelle A. Chiongson, Esq. Balboa Capital Corporation 575 Anton Boulevard, 12th Floor Costa Mesa, CA 92626	Line <u>2.1</u>	
	State Exchange Bank 1280 Main Street Lamont, OK 74643	Line <u>2.2</u>	

Fill in this information to identify the case:Debtor name **New Beginnings Health Care, A Professional Medical Corporation**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address

8911 Building LLC
10721 Treena Street, Suite 200
San Diego, CA 92131

Date(s) debt was incurred **2017**

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Rent for Medical Practice \$4,455.00 per month**
4 years 8 months left
Suite 101-103

Is the claim subject to offset? ☒ No ☐ Yes**Amount of claim****\$218,295.00**

3.2 Nonpriority creditor's name and mailing address

Amazon Business
PO Box 981535
El Paso, TX 79998-7268

Date(s) debt was incurred **2022**Last 4 digits of account number **1009**As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: **Credit Card Debt (Unsecured)**Is the claim subject to offset? ☒ No ☐ Yes**\$3,858.71**

3.3 Nonpriority creditor's name and mailing address

Aquina Health
3300 Highlands Pky S
Smyrna, GA 30082

Date(s) debt was incurred **5/21 and 12/21**

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: **#BG01 and #BG02**
Lawsuit #23100384

Is the claim subject to offset? ☒ No ☐ Yes**\$51,187.50**

3.4 Nonpriority creditor's name and mailing address

McKesson
9954 Mayland Drive, Suite 4000
Henrico, VA 23233

Date(s) debt was incurred **2021**Last 4 digits of account number **3199**As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: **Supplies**Is the claim subject to offset? ☒ No ☐ Yes**\$15,585.92**

Debtor New Beginnings Health Care, A Professional Medical Corporation		Case number (if known) _____
Name _____		

3.5	Nonpriority creditor's name and mailing address Meridian Equipment Finance 9 Old Lincoln Highway Malvern, PA 19355 Date(s) debt was incurred <u>3/21</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Evoke Machine Repossed 2/23 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160,157.00
-----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------

3.6	Nonpriority creditor's name and mailing address Merz 6501 Six Forks Road Raleigh, NC 27619 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>0433</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,230.08
-----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

3.7	Nonpriority creditor's name and mailing address Patricia Deckert 17312 Kumeyai Trail Alpine, CA 91901 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

3.8	Nonpriority creditor's name and mailing address SBA EIDL Loan PO Box 3918 Portland, OR 97208-3918 Date(s) debt was incurred <u>8/20</u> Last 4 digits of account number <u>8103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Junior UCC1 U200007463330 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------

3.9	Nonpriority creditor's name and mailing address Stearns 500 13th Street Albany, MN 56307 Date(s) debt was incurred <u>3/20</u> Last 4 digits of account number <u>0788</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Optimas Laser Subject to UCC-1 Property repossessed 3/23 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,391.60
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

3.10	Nonpriority creditor's name and mailing address Wells Fargo PO Box 6995 Portland, OR 97228-6998 Date(s) debt was incurred <u>2013-2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt (Unsecured) #1470 \$119.15, #7037 \$47,900.00, #2227 \$38,194.38 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86,213.53
------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **New Beginnings Health Care, A Professional Medical Corporation**
Name

Case number (if known) _____

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Alexander V. Hettena, Esq. The Hettena Law Firm 31348 Via Colinas #106 Westlake Village, CA 91362	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	PW Funding II, LLC c/o Scott Stevenson / Wong Fleming 2675 Paces Ferry Road, #100 Atlanta, GA 30339	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Saldutti Law Group Robert L. Saldutti, Esq. 1700 Market Street, Suite 1005 Philadelphia, PA 19103	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Stearns Bank Equipment Finance PO Box 327 Albany, MN 56307-0327	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>795,919.34</u>
5c.	\$ <u>795,919.34</u>

Fill in this information to identify the case:Debtor name **New Beginnings Health Care, A Professional Medical Corporation**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Rent for Medical Practice Suite 101-103**State the term remaining **4 years 9 months**

List the contract number of any government contract _____

**8911 Building LLC
10721 Treena Street, Suite 200
San Diego, CA 92131**

Fill in this information to identify the case:Debtor name New Beginnings Health Care, A Professional Medical CorporationUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Patricia Deckert****17312 Kumeyai Trail
Alpine, CA 91901****Aquina Health**☐ D _____☒ E/F 3.3☐ G _____2.2 **Patricia Deckert****17312 Kumeyai Trail
Alpine, CA 91901****Bankers Health
Group**☒ D 2.2☐ E/F _____☐ G _____2.3 **Patricia Deckert****17312 Kumeyai Trail
Alpine, CA 91901****Balboa Capital
Solutions**☒ D 2.1☐ E/F _____☐ G _____2.4 **Patricia Deckert****17312 Kumeyai Trail
Alpine, CA 91901****Marlin Capital
Solutions**☒ D 2.4☐ E/F _____☐ G _____2.5 **Patricia Deckert****17312 Kumeyai Trail
Alpine, CA 91901****Pawnee**☒ D 2.5☐ E/F _____☐ G _____

Debtor **New Beginnings Health Care, A Professional Medical Corporation**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Patricia Deckert	17312 Kumeyai Trail Alpine, CA 91901	LCA Bank Corp	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.7	Patricia Deckert	17312 Kumeyai Trail Alpine, CA 91901	Stearns	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
<hr/>				
2.8	Patricia Deckert	17312 Kumeyai Trail Alpine, CA 91901	SBA	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
<hr/>				
2.9	Patricia Deckert	17312 Kumeyai Trail Alpine, CA 91901	Meridian Equipment Finance	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
<hr/>				

Fill in this information to identify the case:Debtor name New Beginnings Health Care, A Professional Medical CorporationUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From 1/01/2023 to **Filing Date**☒ Operating a business\$443,292.00☐ Other _____**For prior year:**From 1/01/2022 to 12/31/2022☒ Operating a business\$1,307,898.00☐ Other _____**For year before that:**From 1/01/2021 to 12/31/2021☒ Operating a business\$1,430,482.00☐ Other _____**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **New Beginnings Health Care, A Professional Medical Corporation**

Case number (if known)

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Patricia Deckert 8911 La Mesa Blvd., Suite 101 La Mesa, CA 91942 President	7/22-6/23	\$72,000.00	Compensation

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Stearns 500 13th Street Albany, MN 56307	Optimas Laser Subject to UCC-1 Repossessed and sold for 27,000.00	3/2023	\$27,000.00
Meridian Equipment Finance 9 Old Lincoln Highway Malvern, PA 19355	Evoke Machine Repossessed	2/23	Unknown

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Balboa Capital vs. New Beginnings et al. 30-2022-01249903-CU-CL-CJC	Collection	Orange County Superior Court 700 Civic Center Drive Santa Ana, CA 92701	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. LCA Bank vs. New Beginnings, et al. 37-2023-00004267-CU-CO-CTL	Collection	San Diego Superior Court 330 West Broadway San Diego, CA 92101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **New Beginnings Health Care, A Professional Medical Corporation**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.3.	Meridian Equipment Finance vs. New Beginnings Health Care et al. 2023-01739-CT	Civil Action - Collection	Chester County Court of Common Pleas 201 W. Market Street West Chester, PA 19380	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Mckesson vs. New Beginnings Health Care 37-2023-00018482-CL-CL-CTL	Collection	San Diego Superior Court 330 West Broadway San Diego, CA 92101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	PW Funding II, LLC vs. New Beginnings Health Care et al. 23100384	Collection	Superior Court of Cobb County 70 Haynes Street Marietta, GA 30090	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	-------------------------------------------	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **New Beginnings Health Care, A Professional Medical Corporation**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Craig E. Dwyer, Esq. 8745 Aero Drive, Suite 301 San Diego, CA 92123-1763	Attorney Fees	2023	\$10,000.00
	Email or website address craigedwyer@aol.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	------------------------------------------------------------------------------------	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care Approximately 7668 (not all active)
15.1. New Beginnings Health Care 8911 La Mesa Blvd., Suite 101 La Mesa, CA 91942	Primary Care for Adults	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Electronically- Provider is Amazing Charts Paper Records - A-1 Storage	How are records kept? <i>Check all that apply:</i>

Debtor **New Beginnings Health Care, A Professional Medical Corporation**

Case number (if known)

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

☒ Electronically☐ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Electronic Medical Records

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	California Bank and Trust	XXXX-5241	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	July 2023	\$0.00
18.2.	California Bank and Trust	XXXX-5258	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	July 2023	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
-----------------------------------------	----------------------------------------------	-----------------------------	----------------------------

Debtor **New Beginnings Health Care, A Professional Medical Corporation**

Case number (if known)

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
A1 Storage 556 W. Main Street El Cajon, CA 92020	Ivan Arevalo, Office Manager 8911 La Mesa Blvd., Suite 101 La Mesa, CA 91942	Old furniture Patient records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
A1 Storage 4981 Spring Street La Mesa, CA 91942	Ivan Arevalo, Office Manager 8911 La Mesa Blvd., Suite 101 La Mesa, CA 91942	Old furniture Patient records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

Debtor **New Beginnings Health Care, A Professional Medical Corporation**

Case number (if known)

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26a.1. **Roberts Business Services**
8080 La Mesa Blvd, Suite 102
La Mesa, CA 91942

2001 to present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26b.1. **Roberts Business Services**
8080 La Mesa Blvd, Suite 102
La Mesa, CA 91942

2001 to present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Roberts Business Services**
8080 La Mesa Blvd, Suite 102
La Mesa, CA 91942

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Name and address

26d.1. **Matt Carlucci**
MMP Capital
19 Engineers Lane
Farmingdale, NY 11735

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **New Beginnings Health Care, A Professional Medical Corporation**

Case number (if known)

- ☐ No
- ☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory	
27.1	Ivan Arevalo and Rita Paredes	12/30/22 12/31/21	16,319.15	20,132.61
	Name and address of the person who has possession of inventory records Roberts Business Services Attention: Jody 8080 La Mesa Blvd., Suite 102 La Mesa, CA 91942			

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Patricia Deckert	8911 La Mesa Blvd., Suite 101 La Mesa, CA 91942	President/CEO	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Patricia Deckert 17312 Kumeyai Trail Alpine, CA 91901	72,000.00	7/22-6/23	Compensation
	Relationship to debtor President			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	----------------------------------------------------------

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Debtor **New Beginnings Health Care, A Professional Medical Corporation**Case number *(if known)*

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 25, 2023****/s/ Patricia Deckert**

Signature of individual signing on behalf of the debtor

Patricia Deckert

Printed name

Position or relationship to debtor **President/CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Revised: 1/24/13

Name, Address, Telephone No. & I.D. No.

Craig E. Dwyer
8745 Aero Drive, Suite 301
San Diego, CA 92123-1763
858-268-9909
74351 CA

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
 325 West "F" Street, San Diego, California 92101-6991

In Re

New Beginnings Health Care, A Professional Medical Corporation

Tax I.D. / S.S. #: **46-1759630**

Debtor.

BANKRUPTCY NO.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
RIGHTS AND RESPONSIBILITIES OF CHAPTER 7 DEBTORS
AND THEIR ATTORNEY

In order for debtors and their attorneys to understand their rights and responsibilities in the bankruptcy process, the following terms of engagement are hereby agreed to by the parties.

Nothing in this agreement should be construed to excuse an attorney from any ethical duties or responsibilities under Federal Rule of Bankruptcy Procedure 9011 and the Local Bankruptcy Rules.

I.
Services Included in the Initial Fee Charged

The following are services that an attorney must provide as part of the initial fee charged for representation in a Chapter 7 case:

1. Meet with the debtor to review the debtor's assets, liabilities, income and expenses.
2. Analyze the debtor's financial situation, and render advice to the debtor in determining whether to file a petition in bankruptcy.
3. Describe the purpose, benefits, and costs of the Chapters the debtor may file, counsel the debtor regarding the advisability of filing either a Chapter 7, 11, or 13 case, and answer the debtor's questions.
4. Advise the debtor of the requirement to attend the Section 341(a) Meeting of Creditors, and instruct the debtor as to the date, time and place of the meeting.
5. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on vehicles securing loans or leases.

6. Timely prepare, file and serve, as required, the debtor's petition, schedules, Statement of Financial Affairs, and any necessary amendments to Schedule C.
7. Provide documents pursuant to the Trustee Guidelines and any other information requested by the Chapter 7 Trustee or the Office of the United State Trustee.
8. Provide an executed copy of the Rights and Responsibilities of Chapter 7 Debtors and their Attorneys to the debtor.
9. Appear and represent the debtor at the Section 341(a) Meeting of Creditors, and any continued meeting, except as further set out in Section II.
10. File the Certificate of Debtor Education if completed by the debtor and provided to the attorney before the case is closed.
11. Attorney shall have a continuing obligation to assist the debtor by returning telephone calls, answering questions and reviewing and sending correspondence.
12. Respond to and defend objections to claim(s) of exemption arising from attorney error(s) in Schedule C.

II.

Services Included as Part of Chapter 7 Representation, Subject to an Additional Fee

The following are services, included as part of the representation of the debtor, but for which the attorney may charge additional fees.

1. Representation at any continued meeting of creditors due to client's failure to appear or failure to provide required documents or acceptable identification;
2. Amendments, except that no fee shall be charged for any amendment to Schedule C that may be required as a result of attorney error;
3. Opposing Motions for Relief from Stay;
4. Reaffirmation Agreements and hearings on Reaffirmation Agreements;
5. Redemption Motions and hearings on Redemption Motions;
6. Preparing, filing, or objecting to Proofs of Claims, when appropriate, and if applicable;
7. Representation in a Motion to Dismiss or Convert debtor's case;
8. Motions to Reinstate or Extend the Automatic Stay;
9. Negotiations with Chapter 7 Trustee in aid of resolving nonexempt asset, turnover or asset administration issues.

III.

Additional Services Not Included in the Initial Fee Which Will Require a Separate Fee Agreement

The following services are not included as part of the representation in a Chapter 7 case, unless the attorney and debtor negotiate representation in these post-filing matters at mutually agreed upon terms in advance of any obligation of the attorney to render services. Unless a new fee agreement is negotiated between debtor and attorney, attorney will not be required to represent the debtor in these matters:

1. Defense of Complaint to Determine Non-Dischargeability of a Debt or filing Complaint to determine Dischargeability of Debt;
2. Defense of a Complaint objecting to discharge;
3. Objections to Claim of Exemption, except where an objection arises due to an error on Schedule C;
4. Sheriff levy releases;
5. Section 522(f) Lien Avoidance Motions;
6. Opposing a request for, or appearing at a 2004 examination;
7. All other Motions or Applications in the case, including to Buy, Sell, or Refinance Real or other Property;
8. Motions or other proceedings to enforce the automatic stay or discharge injunction;
9. Filing or responding to an appeal;
10. An audit of the debtor's case conducted by a contract auditor pursuant to 28 U.S.C. Section 586(f).

IV.

Duties and Responsibilities of the Debtor

As the debtor filing for a Chapter 7 bankruptcy, you must:

1. Fully disclose everything you own, lease, or otherwise believe you have a right or interest in prior to filing the case;
2. List everyone to whom you owe money, including your friends, relatives or someone you want to repay after the bankruptcy is filed;
3. Provide accurate and complete financial information;
4. Provide all requested information and documentation in a timely manner, in accordance with the Chapter 7 Trustee Guidelines;
5. Cooperate and communicate with your attorney;

6. Discuss the objectives of the case with your attorney before you file;
7. Keep the attorney updated with any changes in contact information, including email address;
8. Keep the attorney updated on any and all collection activities by any creditor, including lawsuits, judgments, garnishments, levies and executions on debtor's property;
9. Keep the attorney updated on any changes in the household income and expenses;
10. Timely file all statutorily required tax returns;
11. Inform the attorney if there are any pending lawsuits or rights to pursue any lawsuits;
12. Appear at the Section 341(a) Meeting of Creditors, and any continued Meeting of Creditors;
13. Bring proof of social security number and government issued photo identification to the Section 341(a) Meeting of Creditors;
14. Provide date-of-filing bank statements to the attorney no later than 7 days after filing of your case;
15. Pay all required fees prior to the filing of the case;
16. Promptly pay all required fees in the event post filing fees are incurred;
17. Debtors must not direct, compel or demand their attorney to take a legal position or oppose a motion in violation of any Ethical Rule, any Rule of Professional Conduct, or Federal Rule that is not well grounded in fact or law.

Dated: **July 25, 2023**

/s/ Patricia Deckert

Patricia Deckert

Debtor

Dated: **July 25, 2023**

/s/ Craig E. Dwyer

Craig E. Dwyer

Attorney for Debtor(s)

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of California

In re **New Beginnings Health Care, A Professional Medical Corporation**
 Debtor(s)

Case No. _____
 Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>10,000.00</u>
Prior to the filing of this statement I have received	\$	<u>10,000.00</u>
Balance Due	\$	<u>0.00</u>
2. \$ **338.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation in any adversary or any dischargeability actions, reaffirmation of debt negotiations and hearing, judicial lien avoidances, relief from stay actions or any related motions or objections submitted after filing of the case by a trustee, creditor or any party in interest to this case.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 25, 2023

Date

/s/ Craig E. Dwyer

Craig E. Dwyer

Signature of Attorney

Craig E. Dwyer, Esq.

8745 Aero Drive, Suite 301

San Diego, CA 92123-1763

858-268-9909 Fax: 858-268-4230

craighedwyer@aol.com

Name of law firm

CSD 1008 [08/21/00]

Name, Address, Telephone No. & I.D. No.

Craig E. Dwyer
8745 Aero Drive, Suite 301
San Diego, CA 92123-1763
858-268-9909
74351 CA

UNITED STATES BANKRUPTCY COURT
 SOUTHERN DISTRICT OF CALIFORNIA
 325 West "F" Street, San Diego, California 92101-6991

In Re

New Beginnings Health Care, A Professional Medical Corporation

BANKRUPTCY NO.

Debtor.

VERIFICATION OF CREDITOR MATRIX**PART I** (check and complete one):

☒ New petition filed. Creditor diskette required.

TOTAL NO. OF CREDITORS: **26**

☐ Conversion filed on _____. *See instructions on reverse side.*

☐ Former Chapter 13 converting. Creditor diskette required.

TOTAL NO. OF CREDITORS: _____

☐ Post-petition creditors added. Scannable matrix required.

☐ There are no post-petition creditors. No matrix required.

☐ Amendment or Balance of Schedules filed concurrently with this original scannable matrix affecting Schedule of Debts and/or Schedule of Equity Security Holders. *See instructions on reverse side.*

☐ Names and addresses are being ADDED.

☐ Names and addresses are being DELETED.

☐ Names and addresses are being CORRECTED.

PART II (check one):

☒ The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

☐ The above-named Debtor(s) hereby verifies that there are no post-petition creditors affected by the filing of the conversion of this case and that the filing of a matrix is not required.

Date: **July 25, 2023****/s/ Patricia Deckert****Patricia Deckert/President/CEO**

Signer/Title

REFER TO INSTRUCTIONS ON REVERSE SIDE

CSD 1008

8911 Building LLC
10721 Trenea Street, Suite 200
San Diego, CA 92131

Alexander V. Hettena, Esq.
The Hettena Law Firm
31348 Via Colinas #106
Westlake Village, CA 91362

Amazon Business
PO Box 981535
El Paso, TX 79998-7268

Aquina Health
3300 Highlands Pky S
Smyrna, GA 30082

Balboa Capital Solutions
575 Anton Boulevard, 12th Floor
Costa Mesa, CA 92626

Bankers Health Group
201 Solar Street
Syracuse, NY 13204

Bankers Health Group
10234 W State Road 84
Davie, FL 33324

Gerorge T. Gost, Esq.
Law Offices of Hemar, Rouso & Heald LLP
15910 Ventura Blvd., 12th Floor
Encino, CA 91436

Huntington National Bank
PO Box 77077
Minneapolis, MN 55480-7777

LCA Bank Corp
PO Box 1650
Troy, MI 48099-1650

Marlin Business Bank
2795 E Cottonwood Pkwy
Salt Lake City, UT 84121

Marlin Capital Solutions
300 Fellowship Road
Mount Laurel, NJ 08054

Martina A. Rider Porter, Esq.
Law Offices of Hemar, Roussio & Heald LLP
15910 Ventura Blvd., 12th Floor
Encino, CA 91436

McKesson
9954 Mayland Drive, Suite 4000
Henrico, VA 23233

Meridian Equipment Finance
9 Old Lincoln Highway
Malvern, PA 19355

Merz
6501 Six Forks Road
Raleigh, NC 27619

Michelle A. Chiongson, Esq.
Balboa Capital Corporation
575 Anton Boulevard, 12th Floor
Costa Mesa, CA 92626

Patricia Deckert
17312 Kumeyai Trail
Alpine, CA 91901

Pawnee
3801 Automation Way, #207
Fort Collins, CO 80525

PW Funding II, LLC
c/o Scott Stevenson / Wong Fleming
2675 Paces Ferry Road, #100
Atlanta, GA 30339

Saldutti Law Group
Robert L. Saldutti, Esq.
1700 Market Street, Suite 1005
Philadelphia, PA 19103

SBA
EIDL Loan
PO Box 3918
Portland, OR 97208-3918

State Exchange Bank
1280 Main Street
Lamont, OK 74643

Stearns
500 13th Street
Albany, MN 56307

Stearns Bank Equipment Finance
PO Box 327
Albany, MN 56307-0327

Wells Fargo
PO Box 6995
Portland, OR 97228-6998